



2700 E. Patrick Lane, Suite 20
Las Vegas, NV 89120
Phone: (702) 262-7946
FAX : 702-262-9613

Print this form for fax ordering or mail ordering by check. Please fill in the information and send your check to the address above with a copy of this order. Money orders and cashier checks will be shipped immediately. Personal checks will be held for clearance of funds 7-10 days before shipping.

ORDER FORM

Item #1

Name of item: _____ Color: _____

Size: _____ Width (if applicable): _____

Quantity: _____ Price: _____

Item #2

Name of item: _____ Color: _____

Size: _____ Width (if applicable): _____

Quantity: _____ Price: _____

Price: _____

Item #3

Name of item: _____ Color: _____

Size: _____ Width (if applicable): _____

Quantity: _____ Price: _____

Item #4

Name of item: _____ Color: _____

Size: _____ Width (if applicable): _____

Quantity: _____ Price: _____

Item #5

Name of item: _____ Color: _____

Size: _____ Width (if applicable): _____

Quantity: _____ Price: _____

TOTAL

Total of order: _____

Tax (if Nevada resident - 7.25%): _____

Shipping: _____

Grand total: _____

SHIPPING INFO

Name on card: _____

Address #1: _____ Address #2:

City: _____ State/Province: _____ Zip Code: _____

Daytime phone: _____ Evening phone:

E-mail: _____

PAYMENT INFO

Please check one of the following:

Visa Master Card Discover

Credit Card #: _____

Expiration Date: ____ / ____
(MMYY) Example: 08 01

CVV # _____ (the last 3 numbers on the back of the card where you sign your name)

Name on card: _____

Address #1: _____ Address #2:

City: _____ State/Province: _____ Zip Code: _____

Daytime phone: _____ Evening phone:

E-mail: _____

Is the shipping address the same as the billing address:

_____ Yes _____ No

Shipping method: _____ Regular | _____ One-day | _____ Two-day | _____ Three-day

Fax number (for confirmation): _____

How did you hear about us?: _____ (specify search engine)